

NOMINATION FORM - ELECTION OF MPU BOARD OFFICERS 2025

WE, THE UNDERSIGNED MEMBERS IN C UNIT, DO HEREBY NOMINATE:	GOOD STANDING OF THE MEDIC	CAL PROFESSIONAL
Candidate's Name (Please Print)	FOR THE OFFICE OF: Please Print	<u> </u>
,		
Candidate's Address, Cell Phone & Email Address		
NOMINATORS: Ten signatures required by <u>members in good s</u> must be <u>members in the District in which they</u>		<i>ctors</i> , the nominations
NAME (Please Print Clearly)	SIGNATURE	EMPLOYER
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Nominations shall be submitted by not less than ten (10) members in good standing of the Unit and must be received at the ESC Local 20 office at 810 Clay street, Oakland, CA 94607 on or before 5:00 pm, Saturday, March 15th, 2025. Forms must be received by date via U.S. mail, hand delivered or emailed to esc@ifpte20.org the subject line "MPU Nomination Form for (Name of Office)".

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